

Name  
in  
Full

Mary Ellen Brady

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

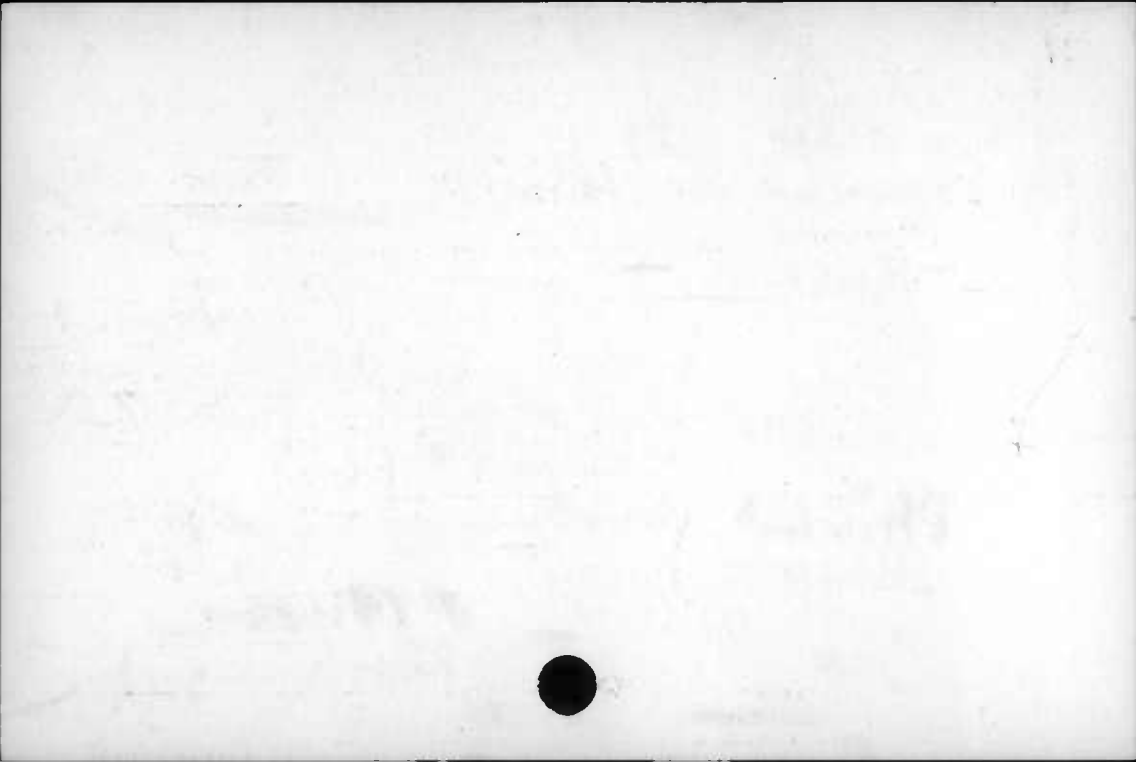
Died at <u>Wheaton</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death	1908	Month	Sept	Day	27
Age	46	Years		Months	
Sex	Female	Color or Race	Caucasian	Birth-place	Calvert Dist
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of <del>husband</del> Husband	Samuel Brady		
Father's Name	Abram Thomas		Father's Birthplace	Calvert	
Mother's Maiden Name	Sarah Parker		Mother's Birthplace	Calvert	
Name of person giving information	Samuel Brady		How related to deceased	Brother	

## CAUSES OF DEATH

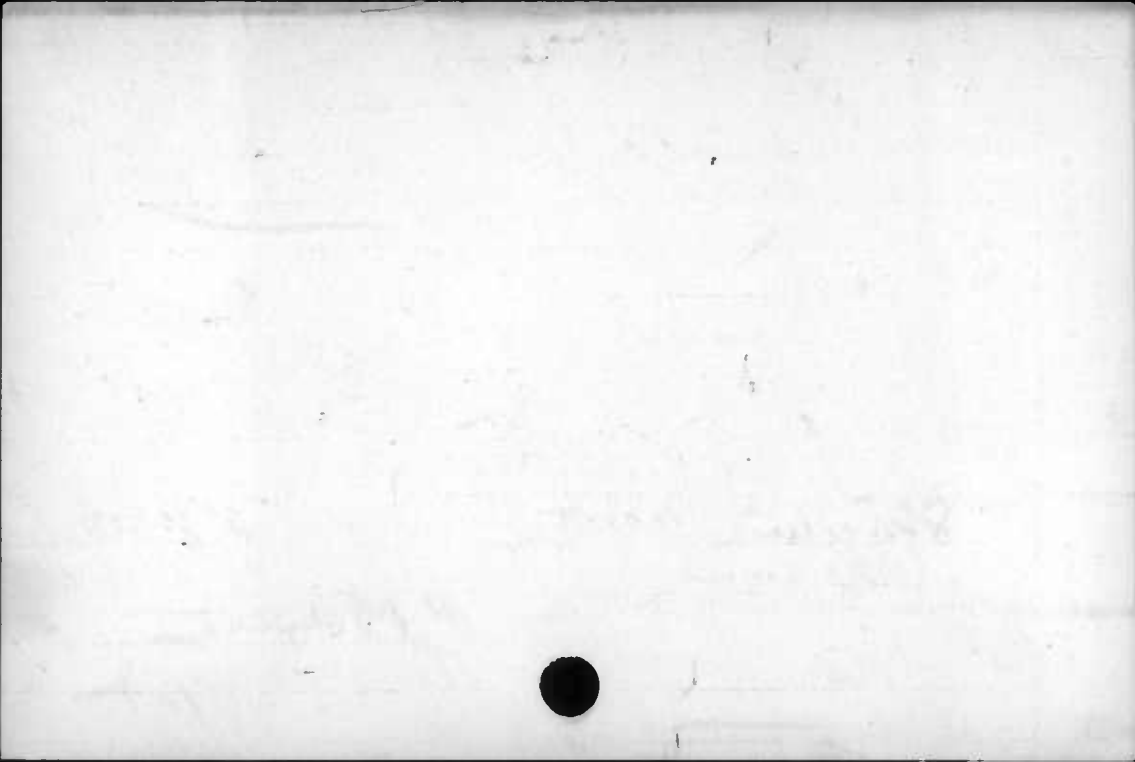
64

PHYSICIAN  
OR CORONER

Primary	Arterial Hemorrhage	How long	2 days -
Immediate	Long con. pressure	How long	1 - 1/2
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	P. Buscove
	Yes	Address	Local Ref
Accident or Suicide?	No		Samuel Brady



Name in Full		JOS W BUCKMASTER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Bromus Island		County Calvert		MARYLAND	
	Date of death	1908	Month Sept.	Day 13	Age 68	Months	Days
	Sex	male		Color or Race	white		Birth-place Calvert Md
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband Mary E. Gibson			
	Father's Name	Benj Buckmaster				Father's Birthplace Calvert Md	
	Mother's Maiden Name	Anne Beverly				Mother's Birthplace Calvert Md	
Name of person giving information	Mary E. Buckmaster				How related to deceased wife		
<div>CAUSES OF DEATH</div> <div>124</div>							
PHYSICIAN OR CORONER	Primary	Stricture Arteria				How long	2 years
	Immediate	Ureamia				How long	4 weeks
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician P. Brown		
	<div>No</div>				Address Middletown Md		
Accident or Suicide? <u>                    </u>							



Name  
in  
Full

Roberta Edelin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

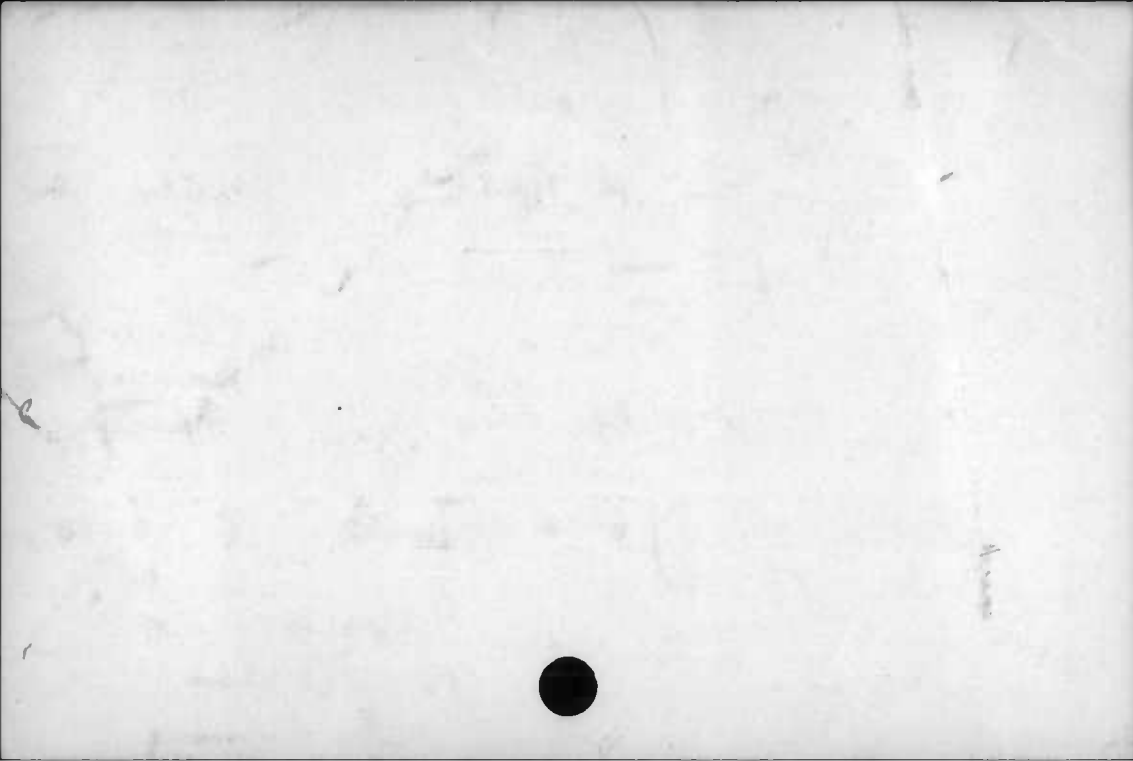
Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1908	Sept.	13	4	1	
Sex	Female	Color or Race	Coconod		Birth-place	Baltimore Md	
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	Single		Name of Wife or Husband _____				
Father's Name	Unknown				Father's Birthplace	_____	
Mother's Maiden Name	Lily Lane				Mother's Birthplace	Calvert Co. Md.	
Name of person giving information	Joseph Edelin				How related to deceased	uncle	

CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Peritoneum		How long	6 mos.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	The P. M. Channing
			Address	Channing, W.D.
Accident or Suicide?	_____			



Name  
in  
Full

Mary E Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

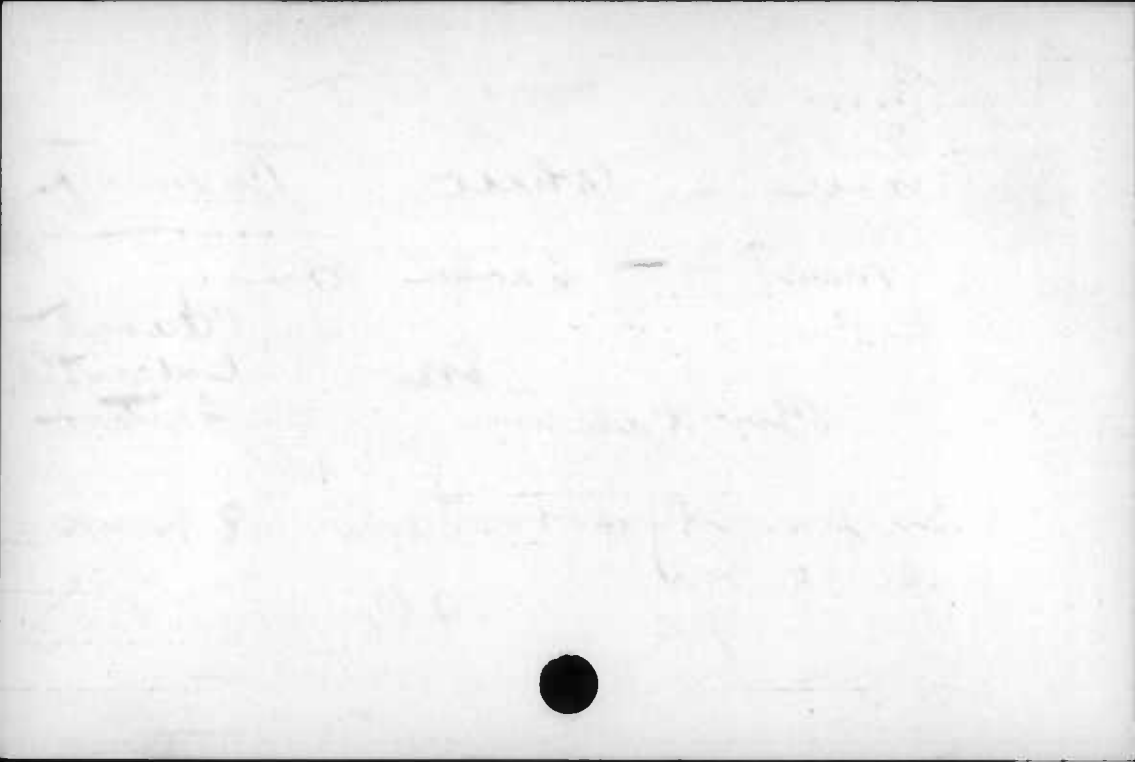
Died at <u>Brown</u>		Town <u>Clement</u>		County		MARYLAND	
Date of death <u>1908</u>		Month <u>5th</u>		Day <u>24</u>		Age <u>30</u>	
Sex <u>Female</u>		Color or <u>White</u>		Birth-place <u>Clement</u>		Months <u>—</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>		Name of <del>Married</del> Husband <u>Arthur Gray</u>					
Father's Name <u>Geo. Williams</u>		Father's Birthplace <u>Clement</u>					
Mother's Maiden Name <u>Mary E Brown</u>		Mother's Birthplace <u>Clement</u>					
Name of person giving information <u>Geo. Williams</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary <u>(Confinement) Labor, Twins</u>		How long <u>8 hours</u>	
Immediate <u>Heart trouble</u>		How long <u>6 "</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. Brown M.D.</u>	
		Address <u>—</u>	
Accident or Suicide? <u>No</u>			





Name  
in  
Full

Annie Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

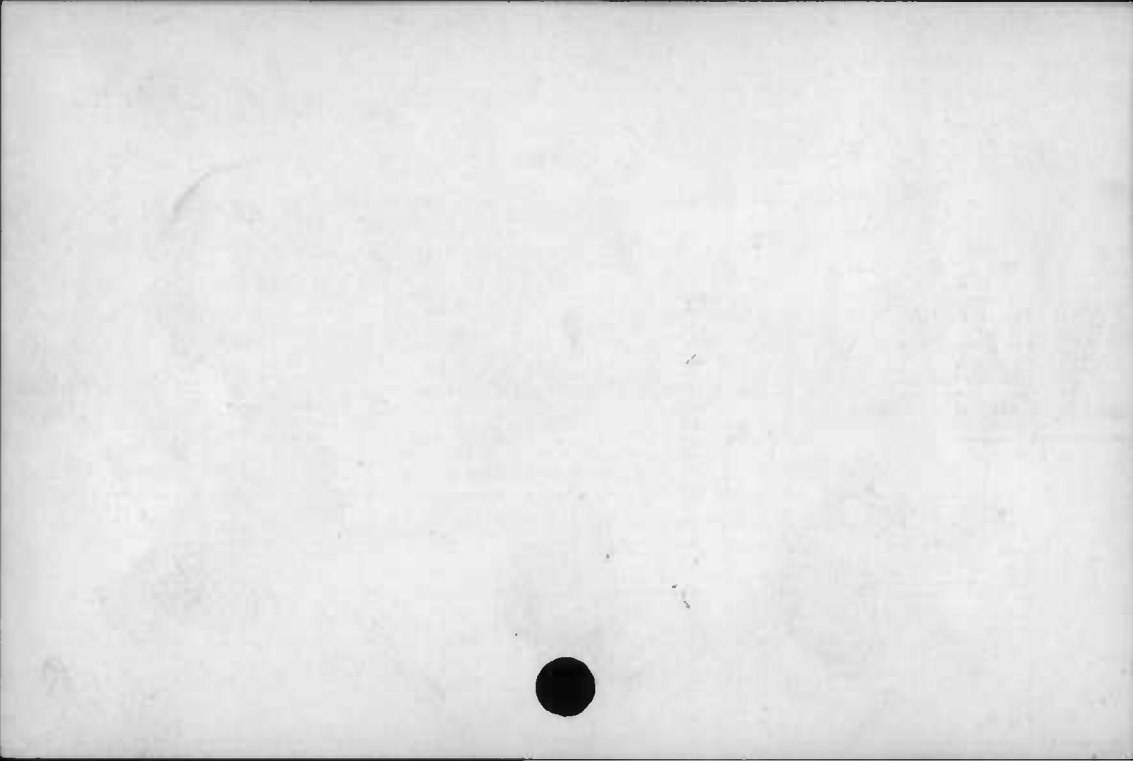
Died at		Town <i>Mackall</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>Sept.</i>	Day <i>14</i>	Age	Years <i>22</i>	Months <i>10</i>	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Mackall</i>
Occupation	<i>Housework</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Will Doe</i>				
Father's Name	<i>John Gross</i>				Father's Birthplace	<i>Mackall</i>	
Mother's Maiden Name	<i>Annie Bond</i>				Mother's Birthplace	<i>St. Leonard</i>	
Name of person giving information	<i>John Gross</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>		How long	<i>About 2 years</i>
Immediate	<i>Exhaustion</i>			
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>George Peterson</i>	
			Address <i>Mackall</i>	
			<i>Calvert County</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George I Hawkins*

Town *Chesapeake Beach* County *Calvert*

Died at *Chesapeake Beach*

Date of death *1908* Month *Sept* Day *17* Age *50* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Cal. Co.*

Occupation *Farmer* Where Residing if not at place of death

Marrled, Single or Widowed Name of Wife or Husband *Mary Norfolk*

Father's Name *Leonard Doane* Father's Birthplace

Mother's Maiden Name *Celia Hawkins* Mother's Birthplace *Cal. Co.*

Name of person giving information *John Kent* How related to deceased *None*

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary *Pleurisy with effusion* How long *3 wks*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. J. L. L. L. L.*

Address *Huntingtown*

Accident or Suicide?



Name  
in  
Full

*Angie Amelia Humphreys*  
 Town *Cove Pt* County *Calvert*

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

*1908 Sept 28*

Age

Years

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Chester Pa*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*James H Humphreys*Father's  
Name*James J Chambers*Father's  
Birthplace*Calvert Co md*Mother's  
Maiden Name*Mary E Lilley*Mother's  
Birthplace*Cecil Co md*Name of person giving  
In formation*Mary E Chambers*How related  
to deceased*mother*

## CAUSES OF DEATH

**(27)**

Primary

*Pulmonary Phthisis*

How long

*about 2 years*

Immediate

*Exhaustion*

How long

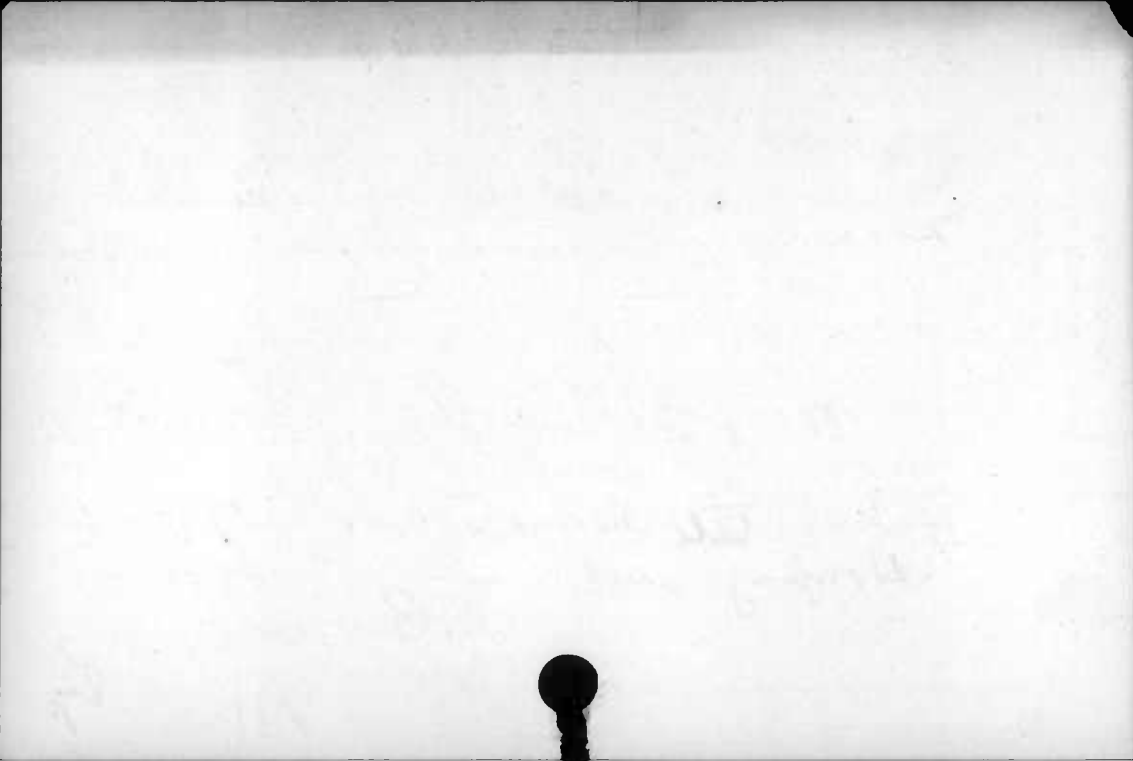
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Geo J Chambers MD*

Address

*Lucy Calvert Co md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Sister Jackson

15-  
CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mutual</u> <sup>Town</sup>		<u>2</u> <sup>County</sup>		<u>Calvert.</u>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Sept</u>	Day	<u>2</u>	Age	Years <u>7</u> Months <u>7</u> Days
Sex	<u>male</u>		Color or Race	<u>Colort</u>		Birth-place	<u>Baltimore</u>
Occupation	<u>none</u>		Where Residing if not at place of death		<u>Mutual ind</u>		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<u>Samuel Jackson</u>				Father's Birthplace <u>Calvert.</u>	
Mother's Maiden Name		<u>Josephine Jones</u>				Mother's Birthplace <u>Baltimore</u>	
Name of person giving information		<u>Mary Jackson</u>				How related to deceased <u>Aunt.</u>	

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<u>Infantile Scurvy -</u>		How long	<u>7 months</u>
Immediate	<u>Starvation.</u>		How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Brown</u>		
		Address <u>Mutual ind</u>		
		<u>ind</u>		
Accident or Suicide?				





Name  
in  
Full

Annie Marie Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

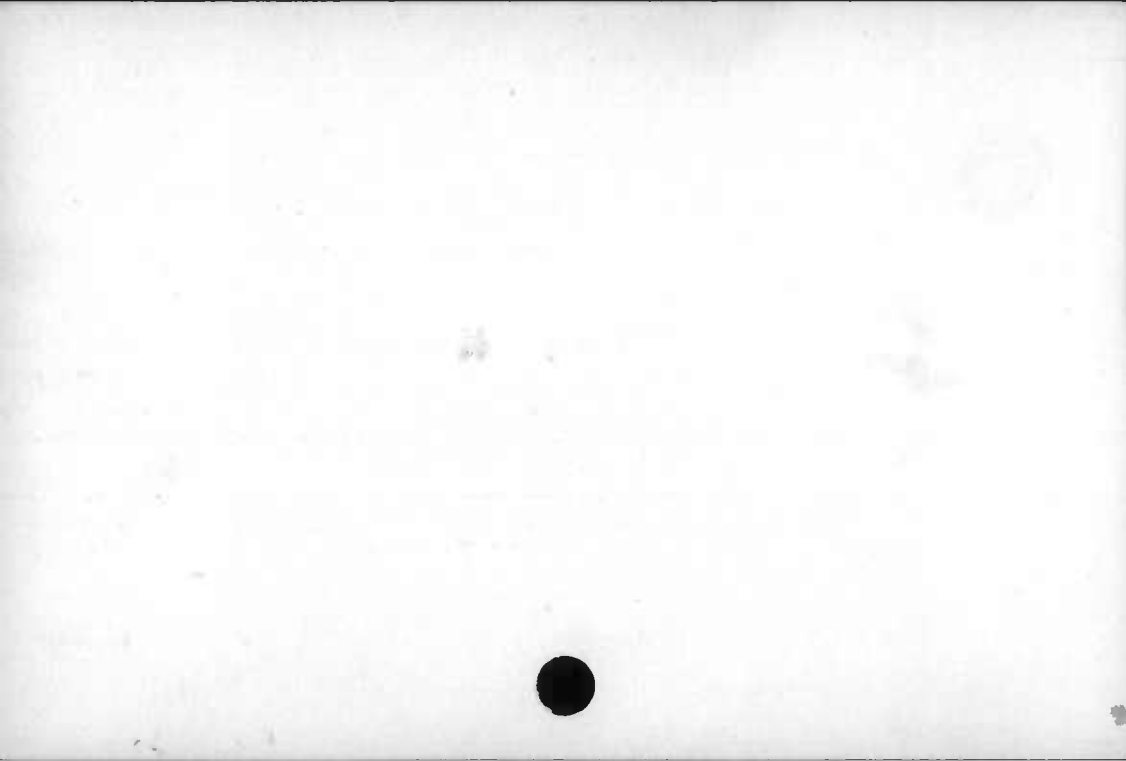
Died at		Town <i>St. Leonard</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>Sept.</i>	Day <i>5</i>	Age <i>0</i>	Years <i>0</i>	Months <i>11</i>	Days <i>5</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Johnson</i>				Father's Birthplace <i>St. Leonard</i>			
Mother's Maiden Name <i>Annie Groves</i>				Mother's Birthplace <i>St. Leonard</i>			
Name of person giving information <i>John Johnson</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>5 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>George Peterson M.D.</i>	
9		Address <i>Mackall, Calvert Co.</i>	
Accident or Suicide?			



Name in Full		John Benedict Joy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Olin <sup>Town</sup>		Calvert <sup>County</sup>		MARYLAND	
	Date of death	1908	Sept <sup>Month</sup>	27 <sup>Day</sup>	Age 26 <sup>Years</sup>	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Capt <sup>man</sup>		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John B Joy				Father's Birthplace	Calvert Co Md
	Mother's Maiden Name	Henrietta F Parker				Mother's Birthplace	Mathews Co Va
Name of person giving information	John B Joy				How related to deceased	Father	
<div>CAUSES OF DEATH</div> <div>14</div>							
PHYSICIAN OR CORONER	Primary	Dispepsia				How long	2 weeks
	Immediate	Prostration				How long	
	Are the name, age, sex, color, date and place correctly given above?				yes		
	<div> <div>Signature of Physician</div> <div>Address</div> </div>				<div> <div>Geo F Chambers MD</div> <div>Lucy, Calvert Co Md</div> </div>		
<div> <div>Accident or Suicide?</div> </div>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntingtown</i> <sup>Town</sup> <i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>28</i>	Years <i>6</i>
Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>Cal. Cal.</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>J. Frank Norfolk</i>		Father's Birthplace <i>Cal. Cal.</i>	
Mother's Maiden Name <i>Elizabeth Borne</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Clinton Stone</i>		How related to deceased <i>none</i>	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Intra Cranial Hemorrhage</i>	How long <i>24 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtown Md.</i>
Accident or Suicide?	



Name  
in  
Full

Delilah Straiten

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

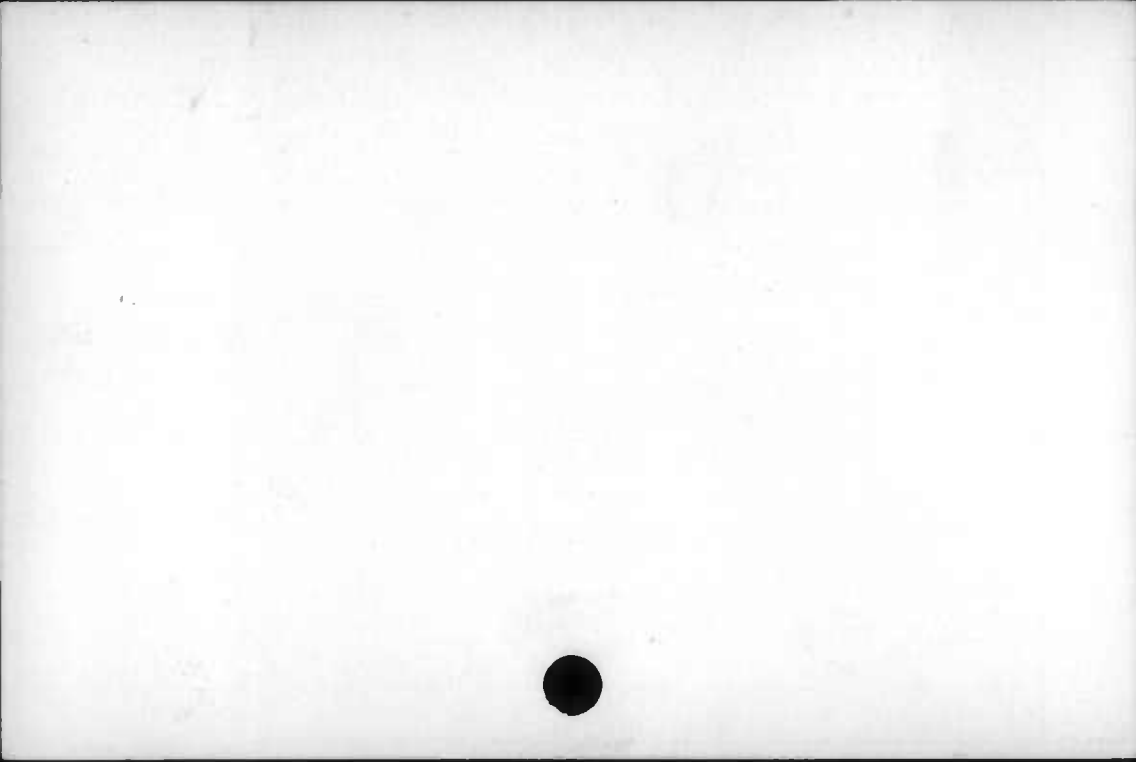
Died at		Town <i>Wallville</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>8</i>	Day <i>3</i>	Years <i>79</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth place <i>Calvert County</i>			
Occupation <i>Laundress</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Osborne Straiten</i>					
Father's Name <i>Somerset Janey</i>		Father's Birthplace <i>Calvert Co., Md.</i>					
Mother's Maiden Name <i>Hennia Johnson</i>		Mother's Birthplace <i>Calvert Co., Md.</i>					
Name of person giving information <i>James T. Straiten</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Lobar pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Syncope</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>George Peterson</i>	
		Address <i>MacRall</i>	
		<i>Calvert County</i>	
Accident or Suicide?			





Name  
in  
Full

Wilbert Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

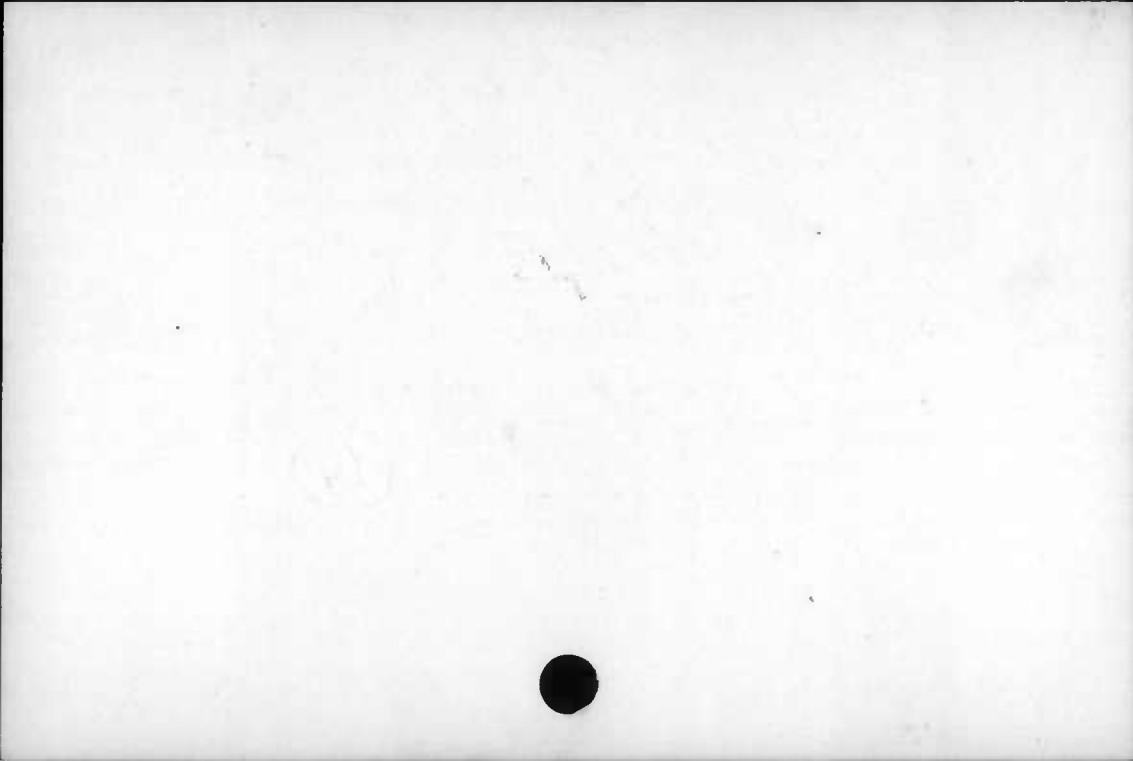
Died at <u>Olivet</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>8</u> <small>Years</small> <u>11</u> <small>Months</small>		Age <u>11</u> <small>Days</small>			
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co md</u>			
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>William Thomas</u>		Father's Birthplace <u>Calvert Co md</u>			
Mother's Maiden Name <u>Mary F Joy</u>		Mother's Birthplace <u>Calvert Co md</u>			
Name of person giving information <u>Luther F Joy</u>		How related to deceased <u>Uncle</u>			

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <u>Dysentery</u>	How long <u>9 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. F. Chambers md</u>
<u>9</u>	Address <u>Lucy Calvert Co md</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Solomons</i> Town		<i>Calvert</i> County	
Date of death <i>1908</i>	<i>8</i> Month	<i>12</i> Day	Age <i>75</i> Years
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Unknown</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Phil Wise</i>		
Father's Name <i>David Dorsey</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Amelia Tucker</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	How long <i>4 or 5 mos.</i>
Immediate <i>Diarrhea</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. Chambers</i>
	Address <i>Sub-Registrar B. J. H. Luby Calvert Co. Md.</i>
<i>Accident or Suicide?</i>	

